



IOWA DEPARTMENT OF NATURAL RESOURCES  
ENVIRONMENTAL SERVICES DIVISION

**NOTICE OF INTENT**

TO BE COVERED UNDER NPDES GENERAL PERMIT No. 4

*"DISCHARGE FROM ON-SITE WASTEWATER TREATMENT AND DISPOSAL  
SYSTEMS"*

(Type or Print)

**Current Owner** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Location of sewer system:** (Required If "same as above", please write "same")

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Legal description:** (required unless lat./long. available)

¼ Section ¼ Section ¼ Section Section Townshi Range County (required)

\_\_\_\_\_ ¼ of \_\_\_\_\_ ¼ of \_\_\_\_\_ ¼ of Sec. \_\_\_\_\_, T \_\_\_\_\_<sup>P</sup> N, R \_\_\_\_\_ W/E \_\_\_\_\_

Latitude: (if available) \_\_\_\_\_ (Deg./decimal-deg.) Longitude: \_\_\_\_\_

**Type of Secondary Treatment:**

Sand Filter (buried) ☐ Sand Filter (free access) ☐ Mechanical/Aerobic Unit ☐

Constructed Wetland ☐ Lagoon ☐ Other ☐ (describe) \_\_\_\_\_

**Certification:**

I certify the above information is true and accurate, to the best of my knowledge. I agree to abide by all terms and conditions of the DNR NPDES General Permit #4. The permitted system will be constructed in conformance with the requirements of IAC 567 - Chapter 69 and all applicable County requirements.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**A copy of the permit will be mailed to you along with your discharge authorization.**

Send completed form to: Department of Natural Resources  
Water Supply Section  
401 SW 7th Street, Suite M  
Des Moines, IA 50309

